

303440

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2021 - 328 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Contessa Tatu

Telephone: 804-378-9376

Address: 110 Victory Dr  
Calhoun Falls, SC 29626

Fax:  
Other: 804-407-6847

Email: jmile@estellsway.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 10-4-21

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. "One mile @ A time LLC"

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

110 Victory DR Calhoun Falls, SC 29628

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

804-378-9376

Phone

Fax

1mile@estillaway.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

| <u>Assets:</u>                      |                                       | <u>Liabilities:</u>          |                                |
|-------------------------------------|---------------------------------------|------------------------------|--------------------------------|
| Value of Real Estate                | <input type="text" value="0"/>        | Mortgage/Loan on Real Estate | <input type="text" value="0"/> |
| Value of Motor Vehicles             | <input type="text" value="1,000.00"/> | Loans Owed on Motor Vehicles | <input type="text" value="0"/> |
| Cash on Hand                        | <input type="text" value="\$900.00"/> | Business/Other Loans Owed    | <input type="text" value="0"/> |
| Cash in Bank                        | <input type="text" value="0"/>        | Other Liabilities or Debts   | <input type="text" value="0"/> |
| Value of Other Assets and Equipment | <input type="text" value="2,000"/>    | <b>Total Liabilities</b>     | <input type="text" value="0"/> |
| <b>Total Assets</b>                 | <input type="text" value="3900.00"/>  |                              |                                |

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

\$2.<sup>50</sup> Per mile

**Requested Scope of Authority: Check all counties in which you are requesting permission to operate.**  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

| MAKE | YEAR & MODEL | VIN#             | EMPTY WEIGHT | WHEEL-<br>CHAIR<br>LIFT |
|------|--------------|------------------|--------------|-------------------------|
| Ford | 2006         | 1FDWE3586DA96285 | 13874lbs     | yes                     |
|      |              |                  |              |                         |
|      |              |                  |              |                         |
|      |              |                  |              |                         |
|      |              |                  |              |                         |
|      |              |                  |              |                         |
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|      |              |                  |              |                         |
|      |              |                  |              |                         |
|      |              |                  |              |                         |
|      |              |                  |              |                         |

## INSURANCE QUOTE

**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for

One Mile @ A Time, LLC

Name of Applicant

110 Victory Dr. Calhoun Falls, SC 29628

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 14,456.00

The above quoted premium is for a term of 12 months

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

|                                    |              |              |
|------------------------------------|--------------|--------------|
| Liability Combined Each Occurrence | \$ 1,000,000 | \$ 13,090.00 |
| Medical Payments per Person        | \$ 1,000     | \$ 150.00    |

Insurance Company - Cypress / through Berkshire Hathaway

Name of Insurance Company

PO Box 2048, Omaha, NE 68103

Home Office Address of Company

Agent: [Signature]

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with SC Code Ann Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).


**Breeze**
**Submission ID  
12181983**
**Proposed Policy Period: 10/05/2021 - 10/05/2022**
**Insured Information**

**Business Name** One Mile At A Time, LLC  
**DBA**  
**City, St Zip** Calhoun Falls, SC 29628  
**DOT** N/A

**Agent Information**

**Agency Name** L. H. Griffith & Company, LLC  
**Agent** Betty Dandridge  
**Email** betty@lhgriffith.com

**Coverage and Premium Information**

|  |                                   | Annual Premium* |
|--|-----------------------------------|-----------------|
| Liability                              | \$1,000,000 Combined Single Limit | \$13,090        |
| Uninsured Motorists                    | \$75,000 Combined Single Limit    | \$489           |
| Uninsured Motorists Property Damage    |                                   | Incl            |
| Underinsured Motorists                 | \$75,000 Combined Single Limit    | \$727           |
| Underinsured Motorists Property Damage |                                   | Incl            |
| Medical Payments                       | \$1,000                           | \$150           |

\*Note: Your actual premium may vary due to driver quality, loss history, account risk characteristics, or other factors.

**Total Annual Premium\* \$14,456**
**Payment Plan Options**

|             | Down Payment | Est. Installment ‡ |
|-------------|--------------|--------------------|
| Pay in Full | \$14,456     | N/A                |
| 2 Payments  | \$7,518      | \$6,938            |
| 4 Payments  | \$3,918      | \$3,513            |
| 6 Payments  | \$2,892      | \$2,313            |
| 11 Payments | \$2,892      | \$1,157            |

‡ Rounded to next dollar. An additional \$8.00 fee per installment will apply unless enrolled in automatic electronic payments. Accepted payment types include bank account, credit or debit card.

**Breeze****Submission ID  
12181983**

Proposed Policy Period: 10/05/2021 - 10/05/2022

**Vehicle Information**

1 2006 FORD E350SD

VIN: 1fdwe35s86da96285

Radius: Up to 25 miles

Body Type: Passenger Van

Liability

\$13,090

Uninsured

\$489

Underinsured

\$727

Medical Payments

\$150

**Vehicle Total: \$14,458****Driver Information**

# First Name

Last Name

Date of Birth

1 Contessa

Tete



One Mile At A Time, LLC

Quote #: 12181983

## Schedule of Forms & Endorsements

---

|         |           |   |
|---------|-----------|---|
| CA 0001 | (10/2013) | Business Auto Coverage Form                                 |
| CA 0150 | (05/2017) | South Carolina Changes                                      |
| CA 2119 | (12/2013) | South Carolina Uninsured Motorists Coverage                 |
| CA 2188 | (12/2013) | South Carolina Underinsured Motorists Coverage              |
| CA 2402 | (10/2013) | Public Transportation Autos                                 |
| CA 9958 | (04/2014) | South Carolina Auto Medical Payments Coverage               |
| IL 0017 | (11/1998) | Common Policy Conditions                                    |
| IL 0021 | (09/2008) | Nuclear Energy Liability Exclusion Endorsement (Broad Form) |
| M 4568a | (11/1999) | Motor Vehicle Liability Insurance Identification Card       |
| M 4572  | (12/1994) | Schedule of Forms and Endorsements at Policy Inception      |
| M 4803  | (02/1998) | Abuse or Molestation Exclusion                              |
| M 4959a | (03/2002) | Schedule of Covered Autos                                   |
| M 5332a | (12/2009) | South Carolina Changes - Cancellation and Nonrenewal        |
| M 5398  | (03/2009) | South Carolina Important Notice - Uninsured Motorist        |
| M 5603  | (03/2017) | Policy Jacket   |
| M 5605  | (02/2011) | Business Auto Coverage Declarations                         |
| M 5623  | (04/2011) | Application of Policy - Financial Responsibility            |
| M 5749  | (01/2013) | Underinsured Motorists Coverage Amendatory Endorsement      |
| M 5872  | (04/2016) | Changes to Common Policy Conditions - Cancellation          |



# Berkshire Hathaway

## HOMESTATE COMPANIES

PO Box 31145 • Omaha, NE 68131

### Direct Bill Payment Plan Options

Date: 10/12/2021

Applicant Name: One Mile At A Time,  
LLC  
Quote Number: 12181983

Billing Services:  
1-877-680-2442  
7:00 AM-7:00 PM Central Time, Mon-Fri  
billing@bhhs.com

**Indicated Premium: \$14,456.00** (Includes government fees and assessments, if applicable)

| Payment Plans:        | 11 Pay     | 6 Pay      | 4 Pay      | 2 Pay      | Ful. Pay    |
|-----------------------|------------|------------|------------|------------|-------------|
| <b>Down Payment</b>   |            |            |            |            |             |
| Due at Binding        | \$2,892.00 | \$2,892.00 | \$3,918.00 | \$7,518.00 | \$14,456.00 |
| <b>Installments *</b> |            |            |            |            |             |
| Month 1               | \$1,155.68 | \$2,312.16 |            |            |             |
| Month 2               | \$1,156.48 |            | \$3,512.40 |            |             |
| Month 3               | \$1,156.48 | \$2,312.96 |            |            |             |
| Month 4               | \$1,156.48 |            |            |            |             |
| Month 5               | \$1,156.48 | \$2,312.96 | \$3,512.80 | \$6,938.00 |             |
| Month 6               | \$1,156.48 |            |            |            |             |
| Month 7               | \$1,156.48 | \$2,312.96 |            |            |             |
| Month 8               | \$1,156.48 |            | \$3,512.80 |            |             |
| Month 9               | \$1,156.48 | \$2,312.96 |            |            |             |
| Month 10              | \$1,156.48 |            |            |            |             |

\*Indicates number of months after policy effective date.

Direct Bill policies require a down payment at the time of binding. The down payment may be submitted online from the insured's bank account, credit or debit card during binding. Subsequent installments will be due on the same calendar day as the effective date of the policy. Please see the payment plan options above.

### Recurring Payments



Recurring payments are a convenient and secure option to automatically deduct insurance payments from a bank account, credit card, or debit card on the scheduled due date. Enroll by completing the Recurring Payment Authorization form or by calling Billing Services at 1-877-680-2442 7 am - 7 pm Central Time Monday - Friday.

One Mile At A Time, LLC  
Quote #: 12181983

#### Terms and Conditions

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

#### Terms:

- All New Drivers must meet driver guidelines.
- Commission: 12.5%.
- Compliance with UM/UIM Limit Requirements.
- DOT Inspections will be monitored throughout our policy period to verify ALL inspected power units are scheduled on the policy.
- No short-term leases or trip-leases of 30 days or less. Inform if different.
- No Transportation of Hazardous Materials, Garbage, Contaminated Soil, Asbestos, or similar exposures.
- Our policy must schedule all owned power units, and any other power units operating under the Insured's authority.
- Prompt reporting of all new drivers.

Unless Otherwise specified, all conditions listed below must be satisfied within 30 days of binding coverage.  
Failure to satisfy all conditions within the applicable timeframes may result in cancellation.

#### Conditions:

Completed and Signed Selection/Rejection forms as required by state law.

Quote is valid through: 11/11/2021

**Disclosure Statement:** The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.

This is **NOT** a binder of insurance. Company must be notified prior to Binding Coverage.



# Berkshire Hathaway

## HOMESTATE COMPANIES

PO Box 31145 • Omaha, NE 68131

### Recurring Payments Authorization Form

Insured Name: One Mile At A Time, LLC  
 Quote Number: 12181983  
 Agency Name: L. H. Griffith & Company, LLC

Billing Services:  
 1-877-680-2442  
 7:00 AM-7:00 PM Central Time, Mon-Fri  
 billing@bhhc.com

Recurring payments are a convenient and secure option to automatically deduct your insurance payment from your bank account, credit card or debit card on the scheduled due date. When enrolled in recurring payments the installment fee is eliminated, lowering your bill.

**Select a Request Type:**
Enroll in Recurring Payments ☐Change Recurring Payments Account ☐Stop Recurring Payments ☐

(only signature and date required)

Name on Account: \_\_\_\_\_

Account Holder Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

E-mail Address for Receipts: \_\_\_\_\_

|  |                        |  |  |
|--|------------------------|--|--|
| <b>Enroll using a <u>Checking/Savings Account</u></b>  |                        | Account Type: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account   |  |
| Bank Name: _____   |                        |  |  |
| Routing Number*: _____   | Account Number: _____  |  |  |
| <small>*Please note that a routing number has exactly nine digits.</small>                                     |                        |  |  |
| <b>Enroll using a <u>Credit/Debit Card*</u></b>  |                        | Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> |  |
| Card Number: _____   | Expiration Date: _____ |  |  |
| <small>*A nominal transaction and reversal may appear on your statement due to our validation process.</small> |                        |  |  |

**Please submit this completed form via one of the following methods:**

- FAX to 1-866-897-2393
- MAIL to PO Box 31145, Omaha, NE 68131
- \*\*E-MAIL WILL NOT BE ACCEPTED\*\*

**Please Note:** Down payments will not be processed from the information on this form. Down payments may be processed online at the time of binding or by calling Billing Services.

A payment schedule will be mailed to you showing the dates and amounts of your recurring payments. If there is an outstanding bill when you enroll in recurring payments, a one-time payment will be processed on the bill's due date. If a payment date falls on a weekend or holiday, the payment will be drafted on the next business day. Please note that three (3) business days advanced notice is required to change or stop recurring payments.

\*\*\* I authorize National Indemnity Company [on behalf of Berkshire Hathaway Homestate Companies] to initiate automatic payments for premium on my insurance policy and its renewals to my bank account, credit card or debit card. This authority shall remain in effect until I revoke it in writing to the address above, by fax to 1-866-897-2393 or by calling Billing Services. I authorize my financial institution to debit the above designated bank account, credit card or debit card, and understand that I will receive advance notice of any increase in payments which result from endorsements to or renewal of my policy.\*\*\*

AUTHORIZED SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_



# Berkshire Hathaway HOMESTATE COMPANIES

M-5861 01/2021

1314 Douglas Street, Suite #1300, Omaha, NE 68102-1944 | Phone: 800.458.2930 | BHHHC.com

10/12/2021  
One Mile At A Time, LLC  
110 Victory Dr  
Calhoun Falls, SC 29628

Billing services:  
1-877-680-2442  
Monday - Friday  
7:00 AM - 7:00 PM Central Time

Claim reporting:  
1-800-356-5750  
24 hours a day  
7 days a week

RE: Insurance Quote: 12181983  
Proposed Term: 10/05/2021 - 10/05/2022  
Writing Company: Berkshire Hathaway Homestate  
Insurance Company

To One Mile At A Time, LLC:

Berkshire Hathaway Homestate Companies may use consumer information obtained from consumer reporting agencies to help determine the terms, conditions, or premium of our insurance policies. Specifically, we used the insurance score derived from consumer data in the LexisNexis Attract for Business Owners Underwriting Model 3.1 to underwrite this Insurance Quote. Based on the information from LexisNexis, we have not offered the most favorable terms, conditions, or premium available.<sup>1</sup>

LexisNexis did not make this decision and is unable to provide the specific reason(s) for this action.

This insurance score was provided by LexisNexis based on consumer data for the following individual(s):

Name: Contessa Tate  
Address: 110 Victory Dr  
Calhoun Falls, SC 29628

This individual may obtain a free copy of the consumer report from LexisNexis by contacting LexisNexis within 60 days of this notice:

LexisNexis Consumer Center  
P.O. Box 105108 1-800-456-6004  
Atlanta, Georgia 30348-5108 www.consumerdisclosure.com

This individual may also dispute the accuracy or completeness of information contained in the consumer report. If the individual disputes information contained in the consumer report, and that dispute results in the correction or deletion of information in the consumer report, you may request that we reevaluate the underwriting of this Insurance Quote to determine if you qualify for more favorable terms, conditions, or premium.

Regards,

Berkshire Hathaway Homestate Insurance Company

<sup>1</sup> Please be advised that whether this action is deemed an "adverse action" under the Fair Credit Reporting Act (15 U.S.C. § 1681) depends on the relevant law of the applicable jurisdiction.

Berkshire Hathaway Homestate Insurance Company

M-5861 01/2021

## ACCEPTED FOR PUBLICATION 10/21/2018 10:08 PM Page 14

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE**

# One mile @ A Time LLC

Name of Applicant:

110 Victory Dr. Calhoun Falls, SC 29628

**Address of Applicant**

### Amount of Premium

Liability Insurance \$ 14,456.00

The above quoted premium is for a term of 12 months.

**WINTER 1997** **Vol. 11, No. 4** **ISSN 0013-788X** **Copyright © 1997 by the American Psychological Association**

|                         |      |            |
|-------------------------|------|------------|
| Exhibit Contingency Fee | 100% | \$5,000.00 |
| Net Exhibit Fee         | 100% | \$5,000.00 |

Insurer Company   Policy No.   Insured's Name   Relationship

DP6 214010-11 8103

I, the Applicant, do hereby certify that the above information is true and correct, and is authorized by one or more persons.

[illegible]

**Exhibit Fit, Willing, and Able (FWA)**

---

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Antonia A. Tate  
Applicant's Signature

owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Abbeville sc )

This 4th day of October, 2021 SWORN TO BEFORE ME

Debra Belden  
Notary Public

Commission Expires 05-17-2027

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

"One Mile @ A Time" LLC, a limited liability company duly organized under the laws of the State of South Carolina on June 24th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 24th day  
of June, 2021.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 210624-1240443

Filing Date: 06/24/2021

Jun 24 2021  
REFERENCE ID: 812326

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

  
SECRETARY OF STATE OF SOUTH CAROLINA

**ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

"One Mile @ A Time" LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
906 Montague ave

(Street Address)

Greenwood, South Carolina 29649

(City, State, Zip Code)

3. The initial agent for service of process is

Contessa I Tate

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

110 Victory Dr

(Street Address)

Calhoun Falls

(City)

South Carolina 29628

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Contessa I Tate

(Name)

110 Victory Dr

(Street Address)

Calhoun Falls, South Carolina 29628

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jun 24 2021

REFERENCE ID: 812326

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

"One Mile @ A Time" LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jun 24 2021

REFERENCE ID: 812326

  
SECRETARY OF STATE OF SOUTH CAROLINA

"One Mile @ A Time" LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

CONTESSA L. TATE

Signature of Organizer

Date: 06/24/2021

Signature of Organizer

Date:

# FAXCOVER

**L. H. Griffith and Company, LLC**

189 Forest Hills Rd  
Walterboro SC 29488  
Office: 843-549-7394  
Mobile: 843-893-8862  
Fax: 843-549-2650

Email: LHGriffithandCompany@lowcountry.com

To: \_\_\_\_\_ From: Brandon DuBois

Fax: \_\_\_\_\_ Pages including cover: \_\_\_\_\_

Phone: 843-549-0516 Date: \_\_\_\_\_

Re: \_\_\_\_\_ cc: \_\_\_\_\_

**Urgent      For Review      Please Comment      Please Reply**

Comments: